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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made  
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.\* 124

Place of Birth Claypool County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
Male					

DATE OF BIRTH\* Sept. 7, 1924  
(Month) (Day) (Year)

FULL\* FATHER  
NAME Antonio Serminio

FULL\* MOTHER  
MAIDEN NAME Magdalena Rivera

I HEREBY CERTIFY that the child described herein  
has been named

Jesus Serminio

(Give name in full)

(Surname)

Mrs. Grace Rivera  
(Parent's Signature)

Aunt  
(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M 12-46

126-907-491